

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000020348

1. Corporation Name

COMMUNICATIONS X, INC.

Principal Place of Business

8408 MIRAMAR PARKWAY  
MIRAMAR FL 33025

Mailing Address

8408 MIRAMAR PARKWAY  
MIRAMAR FL 33025

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/1999

5. FEI Number

65-0901949

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ARMSTRONG, CLYDIA M	8408 MIRAMAR PARKWAY	MIRAMAR FL 33025

REINSTATEMENT

8

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Clydia M. Armstrong

Street Address (P.O. Box Number is Not Acceptable)

8408 Miramar Parkway

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025-2852

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Clydia M. Armstrong  
REGISTERED AGENT MUST SIGN

Date 11-1-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Clydia M. Armstrong  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-03

Date

954-450-8962

Daytime Phone #

CR2040 (7/03)

# COMMUNICATIONS X, INC

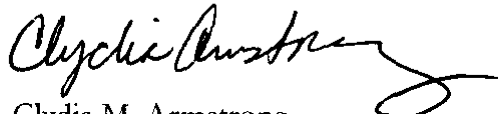
November 1, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

Dear Sir or Madam:

Please know that Communications X, Inc. did not received the two prior uniform business report (UBR) notices sent by your office.

Sincerely,



Clydia M. Armstrong  
President/CEO